Effective October 1, 2003												2
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
T	OTAL CLAIMS		16]_	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F			BASIC FEE	
									-	OH		770.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=				ł	X\$ 9:	=	OR	X\$18=	0
INDEPENDENT CLAIMS			2 minus 3 =		0			X43=	:	OR	X86=	2
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				}	+145=		OR	+290=	Ø
* 11	the difference	e in column 1 is	less than zero, enter "0" in co			column 2	1	TOTA		OR	TOTAL	220
CLAIMS AS AMENDED - PART II								OTHER THAN				
18	115/04	(Column 1)		(Column 2) (Column 3)			SMAL	L ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+ 18	Minus	** 2	0	= _		X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus		3	= -		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTA	_1_	اا	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	,	ADDIT. FE	E 	1 011	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
≥ OZ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Ind pendent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		!	+145=		OR	+290=	
							A	TOTA DDIT. FEI		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										·		
AMENUMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	1		X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
• H	the entry in colur	nn 1 is less than th	e entry in colu	mn 2. write "	0° in cal	umn 3.	L	+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
		ber Previously Paid					r foun	d in the a	ppropriate bo:	k in colu	mn 1.	

Application or Docket Number